

PA35227US-PEhfm

EXPRESS MAIL NO. EV889156992US

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)	
Title of Invention	RETROFIT KIT FOR A TRAINING DEVICE AND TRAINING DEVICE
As the below named inventor(s), I/we declare that: This declaration is directed to: <input type="checkbox"/> The attached application, or <input checked="" type="checkbox"/> U.S. Application No. <u>10/557,531</u> , Int'l Application No. <u>PCT/EP2004/000227</u> , Int'l filing date <u>January 15, 2004</u> . <input type="checkbox"/> as amended on _____ (if applicable):	
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;	
I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;	
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.	
All statements made herein of my/our own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.	
FULL NAME OF INVENTOR(S)	
Inventor one: <u>Norbert Egger</u>	Citizen of: <u>Austria</u>
Signature: <u>[Signature]</u>	Date: <u>16. Feb 07</u>
Inventor two: _____	Citizen of: _____
Signature: _____	Date: _____
Inventor three: _____	Citizen of: _____
Signature: _____	Date: _____
Inventor four: _____	Citizen of: _____
Signature: _____	Date: _____
Inventor five: _____	Citizen of: _____
Signature: _____	Date: _____
<input type="checkbox"/> Additional inventors or a legal representative are being named on _____ additional form(s) attached hereto.	

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
Docket No. 300064.401USPC

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ELECTION AND POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/557,531
	Int'l Filing Date	January 15, 2004
	First Named Inventor	Norbert Egger
	Title	RETROFIT KIT FOR A TRAINING DEVICE AND TRAINING DEVICE
	Art Unit	
	Examiner Name	
	Attorney Docket Number	300084.401USPC

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners at Seed IP Law Group PLLC, Customer Number: 00500

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above (and any continuation/divisional applications therefrom), and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number.

OR

☐ The address associated with Customer Number.

OR

☐ Firm or
individual Name

Address

Address

City

State

ZIP

Country

Telephone

Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06).

☒ As assignee of record of the entire interest I/we hereby elect, under 37 CFR 3.71, to prosecute the application to the exclusion of the inventor(s).

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Norbert Egger</i>	Date	<i>16-Feb-07</i>
Name	NORBERT EGGER		
Title and Company (Assignee)			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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